

<i>SERFF Tracking Number:</i>	<i>CLTR-127747790</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Atlantic Specialty Insurance Company</i>	<i>State Tracking Number:</i>	<i>50091</i>
<i>Company Tracking Number:</i>	<i>C5696-1 AR F</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Blanket Insurance</i>		
<i>Project Name/Number:</i>	<i>/C56961-1</i>		

Filing at a Glance

Company: Atlantic Specialty Insurance Company

Product Name: Blanket Insurance

SERFF Tr Num: CLTR-127747790 State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-Closed
State Tr Num: 50091

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: C5696-1 AR F

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Susan Coulter, Stephanie Young
Disposition Date: 11/28/2011

Date Submitted: 10/21/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number: C56961-1

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Blanket

Overall Rate Impact:

Filing Status Changed: 11/28/2011

State Status Changed: 11/28/2011

Deemer Date:

Created By: Susan Coulter

Submitted By: Susan Coulter

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Atlantic Specialty Insurance Company, Coulter and Associates is filing the attached Blanket Insurance forms.. The sole purpose of this filing is to obtain approval to use the forms previously approved for OneBeacon America Insurance Company by Atlantic Specialty Insurance Company (ASIC).

ASIC is a member of the OneBeacon group of insurance companies and is an affiliate of the insurance company for which the referenced forms were previously approved.

Per the August 25, 2011 correspondence from Associate Counsel for the Department, Amanda Capps Rose, to

SERFF Tracking Number: CLTR-127747790 State: Arkansas
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Bradford Rich, General Counsel for OneBeacon, we understand that the only filings needed in order for the Company to use the previously approved Arkansas filings of its affiliated companies are the submission of forms in which a change is being made. A copy of Attorney Rose's letter is attached to this filing. Again, the only change being made to such previously approved filings is to correctly identify the insurance company as Atlantic Specialty Insurance Company in any forms where the name of the insurance company appears.

No change is being made to the previously approved forms.

The forms will become effective upon approval.

If you have any questions, please call me at (609) 443-7540 or email me at stephaniey@coulter-and-associates.com. Otherwise we look forward to your approval.

Company and Contact

Filing Contact Information

Stephanie Young, Consultant stephaniey@coulter-and-associates.com
C/O Coulter-and-associates.com 609-443-7540 [Phone]
379 Princeton-Hightstown Rd 609-443-4103 [FAX]
Suite 15
Cranbury, NJ 08512

Filing Company Information

(This filing was made by a third party - coulterandassociatesinc)

Atlantic Specialty Insurance Company	CoCode: 27154	State of Domicile: New York
One Beacon Lane	Group Code:	Company Type:
Canton, MA 02021	Group Name:	State ID Number:
(212) 428-6580 ext. [Phone]	FEIN Number: 13-3362309	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$350.00
Retaliatory?	No
Fee Explanation:	7 forms at \$50
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Atlantic Specialty Insurance Company	\$350.00	10/21/2011	53063904

SERFF Tracking Number:	CLTR-127747790	State:	Arkansas
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Product Name:	Blanket Insurance		
Project Name/Number:	/C56961-1		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/28/2011	11/28/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	10/24/2011	10/24/2011	Stephanie Young	11/18/2011	11/18/2011

<i>SERFF Tracking Number:</i>	<i>CLTR-127747790</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/C56961-1</i>		

Disposition

Disposition Date: 11/28/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CLTR-127747790 State: Arkansas

Filing Company: Atlantic Specialty Insurance Company State Tracking Number: 50091

Company Tracking Number: C5696-1 AR F

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Blanket Insurance

Project Name/Number: /C56961-1

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Legal Letter	Approved-Closed	Yes
Supporting Document	authorization to file	Approved-Closed	Yes
Supporting Document	Arkansas Notice	Approved-Closed	Yes
Form	Blanket Insurance Policy	Approved-Closed	Yes
Form	Blanket Insurance Certificate of Insurance	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	ACCIDENTAL LOSS OF LIFE, DISMEMBERMENT & LOSS OF SIGHT	Approved-Closed	Yes
Form	ACCIDENT MEDICAL EXPENSE INSURANCE	Approved-Closed	Yes
Form	ACCIDENT MEDICAL EXPENSE INSURANCE	Approved-Closed	Yes
Form	EXTENDED BENEFITS RIDER	Approved-Closed	Yes

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Product Name: Blanket Insurance
Project Name/Number: /C56961-1

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/24/2011

Submitted Date 10/24/2011

Respond By Date

Dear Stephanie Young,

This will acknowledge receipt of the captioned filing.

Objection 1

- Blanket Insurance Policy, C56961-1 (Form)
- Blanket Insurance Certificate of Insurance, C56962-1 (Form)
- Application, C56963-2 (Form)
- ACCIDENTAL LOSS OF LIFE, DISMEMBERMENT & LOSS OF SIGHT, C56964 (Form)
- ACCIDENT MEDICAL EXPENSE INSURANCE, C56966-1 (Form)
- ACCIDENT MEDICAL EXPENSE INSURANCE, C56965-1 (Form)
- EXTENDED BENEFITS RIDER, C56971 (Form)

Comment: On the policy and certificate, the name of the company, Atlantic Specialty Insurance Company, is not listed as the company name. You have in brackets (Name of Issuing Company). Since this is considered variable brackets, what other company names will be used. We would prefer that you use the actual name of the company.

With respect to the other forms submitted, you do not have the name of the issuing company.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Company Tracking Number: C5696-1 AR F
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Blanket Insurance
Project Name/Number: /C56961-1

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/18/2011
Submitted Date 11/18/2011

Dear Rosalind Minor,

Comments:

This is in response to your objection letter dated 10/24/11.

Response 1

Comments: There will be no other company names used at this time and the company understands the preference to identify the name of the company rather than using brackets; however, we thought using brackets at this point in time would be more efficient given our overall reorganization plans. As the Department has been previously made aware, we intend to redomesticate Atlantic Specialty Insurance Company from New York to Pennsylvania in early 2012 pending regulatory approval. As part of that process, the company's name will also change to OneBeacon Specialty Insurance Company with a new statutory home office address. We have attached a copy of a letter sent to the Commissioner in mid-August advising of these changes. Subsequent to that, we have had conversations with Amanda Capps Rose, Associate Counsel.

Related Objection 1

Applies To:

- Blanket Insurance Policy, C56961-1 (Form)
- Blanket Insurance Certificate of Insurance, C56962-1 (Form)
- Application, C56963-2 (Form)
- ACCIDENTAL LOSS OF LIFE, DISMEMBERMENT & LOSS OF SIGHT, C56964 (Form)
- ACCIDENT MEDICAL EXPENSE INSURANCE, C56966-1 (Form)
- ACCIDENT MEDICAL EXPENSE INSURANCE, C56965-1 (Form)
- EXTENDED BENEFITS RIDER, C56971 (Form)

Comment:

On the policy and certificate, the name of the company, Atlantic Specialty Insurance Company, is not listed as the company name. You have in brackets (Name of Issuing Company). Since this is considered variable brackets, what other company names will be used. We would prefer that you use the actual name of the company.

With respect to the other forms submitted, you do not have the name of the issuing company.

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Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Arkansas Notice

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions or need any additional information, please contact me at (609) 443-7540. Otherwise, we look forward to your approval.

Sincerely,

Stephanie Young, Susan Coulter

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 Product Name: Blanket Insurance
 Project Name/Number: /C56961-1

Form Schedule

Lead Form Number: C56961-1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 11/28/2011	C56961-1	Policy/Cont ract/Fratern al Certificate	Blanket Insurance	Initial		0.000	BLANKET INSURANCE POLICY_C56 961-1.pdf
Approved- Closed 11/28/2011	C56962-1	Certificate	Blanket Insurance Certificate of Insurance	Initial		0.000	BLANKET INSURANCE CERTIFICAT E_C56962- 1.pdf
Approved- Closed 11/28/2011	C56963-2	Application/ Enrollment Form	Application	Initial		0.000	APPLICATIO N_C56963-2 .pdf
Approved- Closed 11/28/2011	C56964	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	ACCIDENTAL LOSS OF LIFE, DISMEMBERMENT & LOSS OF SIGHT	Initial		0.000	ACCIDENTAL LOSS OF LIFE_C56964 .pdf
Approved- Closed 11/28/2011	C56966-1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	ACCIDENT MEDICAL EXPENSE INSURANCE	Initial		0.000	ACCIDENT MEDICAL EXPENSE INSURANCE _C56966- 1.pdf
Approved-	C56965-1	Policy/Cont	ACCIDENT	Initial		0.000	ACCIDENT

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<i>Product Name:</i>	<i>Blanket Insurance</i>		
<i>Project Name/Number:</i>	<i>/C56961-1</i>		
Closed	ract/Fratern MEDICAL EXPENSE		MEDICAL
11/28/2011	al INSURANCE		EXPENSE
	Certificate:		INSURANCE
	Amendmen		_C56965-
	t, Insert		1.pdf
	Page,		
	Endorseme		
	nt or Rider		
Approved- C56971	Policy/Cont EXTENDED	Initial	0.000
Closed	ract/Fratern BENEFITS RIDER		EXTENDED
11/28/2011	al		BENEFITS
	Certificate:		RIDER_C569
	Amendmen		71.pdf
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		

BLANKET INSURANCE POLICY

[Name of Issuing Company]

[City, State]
(A Stock Insurance Company)

Contract No:

Issued to:

This policy is a legal contract between you and us.

READ YOUR CONTRACT CAREFULLY.

We hereby agree, subject to the exceptions, reductions, limitations and other terms of this contract to pay benefits for losses which as a result of _____ are sustained by a person insured under this contract. The benefit amount so payable to an Insured Person in respect to any one such loss shall be determined from the following Insert(s), listed below, which are attached to and made a part of this contract.

Insert Schedule

Form No.

Title

Contract Term – Consideration

This contract is issued for the term of _____ starting on the _____ day of _____, _____. It begins and ends at 12:01 AM Standard Time at your address stated in this contract. It is issued in consideration of the statements made in your application and the payment by you of the first premium and any premium amounts coming due thereafter while it is continued in force.

The premium computed as stated in the application shall be payable within thirty days from the effective date. Premium amounts coming due thereafter, other than an amount payable for the renewal of the contract, shall be paid to or refunded by us within ten (10) days after the date each month when the amount due, if any, shall have been determined.

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Renewal – Termination Provision

At the end of a contract term, you may renew this contract for an additional term by paying the premium, unless not later than thirty (30) days before the end of the term we give you written notice of our intent not to renew the contract. Our written notice not to renew will be delivered to you or mailed to your last known address. Our refusal to renew this contract at the end of any term shall be without prejudice to any claim originating prior thereto. Your premium for each renewal must be paid within the grace period. The premium will be based upon our premium rates then in effect at the time of each renewal.

Miscellaneous Provisions

(A) Eligibility – Effective Date of Insurance

All students, except classes not eligible, if any, are eligible for insurance as provided by this contract. Any classes not eligible are stated in your application for this contract. Unless declined by written notice to us, or to you, insurance for each eligible person shall start on the effective date of this contract. Insurance for any person later becoming eligible shall start the date the premium is received by you from the person and will be considered a “Late Applicant”.

“Late Applicants” are subject to evidence of insurability if requested by:

- (1) submitting to us an application therefore; and
- (2) such evidence of good health as we may require.

Any evidence of good health which we require shall be provided without any expense to us.

(B) Premium Payments

The payment of any premium to us or to our authorized agent shall not maintain this contract in force, except as stated in the Grace Period, beyond the date the next premium becomes due.

(C) Individual Certificate

When required by law, we will issue to you for delivery to each Insured Person an individual certificate. The certificate shall set forth:

- (1) the benefits provided by this contract;
- (2) to whom benefits are payable; and
- (3) the limitations of this contract as may pertain to each Insured Person.

Such certificates shall not become a part of this contract.

(D) Discontinuance of Insurance for an Insured Person

Insurance hereby provided for an Insured Person shall cease of its own accord on the day after the first to occur of:

- (1) the next premium due date after the date when such Insured Person ceases to remain eligible for coverage as stated in this contract;
- (2) the last day of the period of time for which the last premium payment is made by such Insured Person;
- (3) the termination date of this contract.

(E) Records of Insurance

You shall keep a record of:

- (1) each Insured Person by name;
- (2) the amount and effective date of Insurance;
- (3) the effective date of changes, if any, and
- (4) the date of and the reason for cessation of insurance.

Any of your records which have a bearing on the insurance provided by this contract shall be open for our inspection.

General Definitions

“We”, “us” or “our” refers to [Name of Issuing Company].

“You” and “your” refers to the Policyholder whose name and address is listed on page 1.

“Insured Person” refers to your students whose names are listed on the Schedule of Insured Persons attached to and made a part of this contract.

Policy Provision

Entire Contract; Changes: This policy, with all of its riders and attached papers, is the entire contract between you and us. All statements made by you shall be deemed representations and not warranties. No such statement shall be used in defense to any claim hereunder unless it is contained in a written application attached to and made a part of this contract.

No change in the contract is valid until it is approved by one of our officers. The officer’s approval must be endorsed hereon or attached hereto. No agent of ours may make any change in the contract or waive any of its provisions.

Grace Period: If you do not, prior to the due date of any premium, give us written notice that this contract is to be cancelled or non-renewed, a grace period of thirty-one (31) days after the due date will be given to you for the payment of any premium other than the first premium unless we give you written notice of our intent not to renew this contract. During the grace period this contract shall remain in force.

If any premium is not paid before the end of the grace period, this contract shall no longer be in force. You shall be liable to us for the payment of all premiums then unpaid, together with the premium for the grace period. If you cancel this contract during the grace period your liability to us shall be for the pro-rata premium for the time starting with the date on which the last premium became due and ending with the date of receipt of your written notice.

Notice of claim: Written notice of claim must be given to us within thirty (30) days after a covered loss starts as soon as is reasonably possible. The notice can be given to us at our Home Office or to our agent. The notice shall include the name of the Insured Person.

Claim Forms: When we receive the notice of claim, we will send the claimant (or you to deliver to the claimant) forms for filing proof of loss. If these forms are not given within fifteen (15) days, the claimant will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss Section.

Proofs of Loss: In the case of a claim for a loss for which this contract provides for periodic payment for a continuing loss, written proof of loss must be given to us within ninety (90) days after the end of each period for which we are liable. In case of a claim for any other loss, the written proof must be given within ninety (90) days after the date of loss. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny any claim for this reason if the proof is filed as soon as is reasonably possible. In any event, the proof required must be given to us not later than one (1) year from the time specified unless the claimant is legally incapacitated.

Payment of Claims: After receiving written proof of loss, all benefits for loss for which this contract provides for periodic payment will be paid each month. Any balance unpaid at the end of our period of liability will be paid as soon as we receive the proper written proof. Benefits for any other loss will also be paid as soon as we receive the proper written proof.

Benefits for loss of life will be paid in accordance with the beneficiary designation in effect at the time of payment. You or any of your officers cannot be named as the beneficiary. If no designation then exists, any such benefits will be paid to the estate of the Insured Person who suffered the loss. Any such benefits unpaid on the date of an Insured Person's death, at our option, may be paid either to the beneficiary or to such estate.

Payments for benefits for and to the extent of medical expenses incurred from an accident to the insured person may be made by us directly to any provider of such service, unless the insured requests otherwise in writing not later than the time of filing proofs of such loss.

All other benefits will be paid to the claimant or to his or her estate or assignee.

Physical Examination and Autopsy: We shall have the right:

- (1) at our expense to have the Insured Person examined by a doctor while a claim is pending as often as is reasonably necessary;
- (2) at our expense to examine the body of the Insured Person in case of loss of life; and
- (3) to use the results of any autopsy performed pursuant to law upon the body of the Insured Person.

Legal Actions: No legal action may be brought to recover on this contract within sixty (60) days after written proof of loss has been given as required by this contract. No such action may be brought after three (3) years (five (5) years in Kansas, and six (6) years in South Carolina) from the time written proof of loss is required to be given.

Change of Beneficiary: The Insured Person can change his or her beneficiary at any time by giving notice. The beneficiary's consent is not required for this or any other change in the insurance provided to the Insured Person.

Conformity with State Statutes: Any provision of this contract which, on its effective date, is in conflict with the laws of the state in which it is delivered or issued for delivery is amended to conform to the minimum requirements of such laws.

Home Office: We are incorporated according to the laws of []. Our Home Office is located at [location of issuing company].

In Witness Whereof, we have caused this contract to be executed by our President and Secretary. It countersigned, if required by our agent.

[NAME OF ISSUING COMPANY]

Secretary

President

Countersigned _____
(if required) *Resident Licensed Agent*

BLANKET INSURANCE CERTIFICATE OF INSURANCE

[Name of Issuing Company]

[City, State]

(A Stock Insurance Company)

READ YOUR CERTIFICATE CAREFULLY.

Effective Date: _____

Termination Date: _____

This Certificate serves to describe the coverage provided to

Who is insured under Contract No.

The Contract is issued to

Name/Address
Of School/College

The type and amount of insurance so provided to you shall be as stated in the contract. The major parts of the contract are recited in the insert pages attached hereto

Inserts:

The contract is identified in this certificate is in the possession of the School/College. It may be looked at on request by you or by any one having an interest thereunder.

Agent:
A.W. G. Dewar, Inc.
Four Batterymarch Park
Quincy, MA 02169-7468

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General Definitions

“We”, “us” or “our” refers to [Name of issuing company]

“You”, “your” and “Insured Person” refers to the students insured under the contract. These students’ names are listed on the Schedule of Insured Persons attached to and made a part of the contract.

Individual Terminations

Your coverage shall end on the day after the first to occur of:

- (1) the next premium due date after the date when you cease to remain eligible for coverage;
- (2) the last day of the period of time for which the last premium payment was made by you;
- (3) the termination date of the contract.

Policy Provision

Notice of claim: Written notice of claim must be given to us within thirty (30) days after a covered loss starts or as soon as is reasonably possible. The notice can be given to us at our Home Office or to our agent. The notice shall include the name of the Insured Person. Our Home Office is located at [location of issuing company].

Claim Forms: When we receive the notice of claim, we will send the claimant (or the School/College to deliver to the claimant) forms for filing proof of loss. If these forms are not given within fifteen (15) days, the claimant will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss Section.

Proofs of Loss: In the case of a claim for a loss for which this contract provides for periodic payment for a continuing loss, written proof of loss must be given to us within ninety (90) days after the end of each period for which we are liable. In case of a claim for any other loss, the written proof must be given within ninety (90) days after the date of loss. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny any claim for this reason if the proof is filed as soon as is reasonably possible. In any event, the proof required must be given to us not later than one (1) year from the time specified unless the claimant is legally incapacitated.

Payment of Claims: After receiving written proof of loss, all benefits for loss for which this contract provides for periodic payment will be paid each month. Any balance unpaid at the end of our period of liability will be paid as soon as we receive the proper written proof. Benefits for any other loss will also be paid as soon as we receive the proper written proof.

Benefits for loss of life will be paid in accordance with the beneficiary designation in effect at the time of payment. The School/College or any of its officers cannot be named as the beneficiary. If no designation then exists, any such benefits will be paid your estate. Any such benefits unpaid on the date of your death may, at our option, be paid either to the beneficiary or to your estate.

Payments for benefits for and to the extent of medical expenses incurred from an accident to the insured person may be made by us directly to any provider of such service, unless the insured requests otherwise in writing not later than the time of filing proofs of such loss.

All other benefits will be paid to you or your estate or assignee.

Physical Examination and Autopsy: We shall have the right:

- (1) at our expense to have you examined by a doctor while a claim is pending as often as is reasonably necessary;
- (2) at our expense to examine your body in case of loss of life; and
- (3) to use the results of any autopsy performed pursuant to law upon your body.

Legal Actions: No legal action may be brought to recover on this contract within sixty (60) days after written proof of loss has been given as required by this contract. No such action may be brought after three (3) years, (five (5) years in Kansas, and six (6) years in South Carolina) from the time written proof of loss is required to be given.

Change of Beneficiary: You can change your beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change in the insurance provided to you.

Conformity with State Statutes: Any provision of this contract which, on its effective date, is in conflict with the laws of the state in which it is delivered or issued for delivery is amended to conform to the minimum requirements of such laws.

APPLICATION TO

[NAME OF ISSUING COMPANY]

1. Name of School _____
Address (principal location) _____
Other Location, If Any _____
2. Type of School (check all applicable categories): ☐ Private ☐ Public ☐ Nursery ☐ Kindergarten
☐ Grade ☐ High School ☐ Junior College ☐ Senior College or University ☐ Other (describe) _____
3. Estimated Enrollment (omit item 3 if coverage for students is not desired)
Resident Students: Males _____; Females _____; Total _____
Day Students: Males _____; Females _____; Total _____
4. Interscholastic Sports or Intramural Sports (check sports for which insurance is desired, if any):

<input type="checkbox"/> Archery	<input type="checkbox"/> Fencing	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Rifle	<input type="checkbox"/> Speedball
<input type="checkbox"/> Badminton	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Rowing	<input type="checkbox"/> Squash
<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Jai Alai	<input type="checkbox"/> Rodeo Activities	<input type="checkbox"/> Swimming
<input type="checkbox"/> Basketball	<input type="checkbox"/> Football (spring)	<input type="checkbox"/> Judo	<input type="checkbox"/> Rugby	<input type="checkbox"/> Tennis
<input type="checkbox"/> Bowling	<input type="checkbox"/> Football (touch)	<input type="checkbox"/> Karate	<input type="checkbox"/> Sailing	<input type="checkbox"/> Track
<input type="checkbox"/> Boxing	<input type="checkbox"/> Golf	<input type="checkbox"/> La Crosse	<input type="checkbox"/> Skiing	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Pistol	<input type="checkbox"/> Soccer	<input type="checkbox"/> Water Polo
<input type="checkbox"/> Diving	<input type="checkbox"/> Handball	<input type="checkbox"/> Polo	<input type="checkbox"/> Softball	<input type="checkbox"/> Wrestling
5. On-Campus Health Services Include (check all applicable categories):
(a) ☐ A hospital or infirmary staffed and equipped to provide on any date overnight bed-care for _____ patients, with facilities for the performance of: ☐ major surgery ☐ minor surgery
(b) ☐ A staff of _____ full-time registered nurses
(c) ☐ Diagnostic s-rays (d) ☐ Laboratory tests (e) ☐ Physical therapy
(f) ☐ Facilities to dispense prescribed drugs and medicines
(g) ☐ A staff of _____ doctors (on salary or retainer) collectively providing approximately _____ hours of on-campus medical service daily. The name of each staff doctor follows: _____
Which of the above health services are rendered without charge:
(a) ☐ (b) ☐ (c) ☐ (d) ☐ (e) ☐ (f) ☐ (g) ☐ (exceptions, if any: Explain) _____
6. School Term: From _____ To: _____
7. The undersigned hereby agrees to submit to the OneBeacon America Insurance Company within thirty days after the first day of the school term as herein above specified, a Schedule of Insured Persons and to pay the policy premium calculated or determined on the basis of "Specifications" incorporated with and forming a part of this application.

(Proposed Policyholder)

Date: _____

Signed by _____
(Name and Title)

Remarks/Special Instructions:

- (a) Participation by persons eligible for insurance hereby applied for is: ☐ Compulsory ☐ Optional
(b) Other instructions, if any:

SPECIFICATIONS

Policy Term

From: _____

To: _____

Type and Amount(s) of Insurance

Class of Insureds

(a) (b) (c)

1. Principal Sum (Accidental Death, Dismemberment, Loss of Sight)\$ _____ \$ _____ \$ _____

2. Accident Medical Expense: One Loss Limit of Payment\$ _____ \$ _____ \$ _____

Check _____
One _____

Payment Basis: 100%
Payment Basis: 80%
Payment Basis: 100% of
initial \$500.: 80% of excess over \$500.

Subject To
Deductible
of \$ _____

3.

Permissible Coverage Combinations: 2; 1 and 2

FOR COMPANY USE ONLY

Agency Code _____

Coverages --- Term Rates

* Class of Insureds:

_____ (1) _____ (2) _____ (3) _____ (4)

*List and describe on basis of information recorded for items 3, 4 and 5 of the Application To the Company.

Agent and Location: _____

Producers Signature: _____

ACCIDENTAL LOSS OF LIFE, DISMEMBERMENT & LOSS OF SIGHT

SCHEDULE

Class of
Insureds

Principal
Sum

Benefit

We will pay the amount stated in the Table of Injuries if an Insured Person suffers one of the losses listed below due to an injury. The loss must be sustained within 6 months from the date of his or her accident. The amount we will pay will be determined on the basis of the Principal Sum stated in the Schedule for the Class of Insureds to which the Insured Person belongs. Only one of the amounts set forth in the Table will be paid for injuries resulting from one accident. Our payment will be for the larger amount.

Table of Injuries

Loss of:

Life	Principal Sum
Both hands, both feet, or sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
Either hand or foot and the sight of one eye	Principal Sum
Either hand or foot	½ Principal Sum
Sight of one eye	½ Principal Sum

Definitions

“Injury” means bodily injury caused by an accident. The accident must occur on or after the effective date of the Insured Person’s coverage under the contract and while it remains in force. Loss must result therefrom directly and separately of any other causes.

“Loss of Sight” means the total and permanent loss thereof.

“Loss of hands or feet” means actual severance through or above the wrist or ankle joints.

“Riot” means all forms of violence, disorder or disturbance of the public peace by three or more persons assembled together. It does not matter whether they are acting with a common intent or that damage to person or property or unlawful acts is the intent or result of their action.

“Taking part in a riot” means promoting, inciting, conspiring to promote or incite, aiding, abetting or all forms of taking part in a riot. It shall not include action taken in defense of the Insured Person, if such actions are not taken against persons seeking to maintain or restore law and order.

“Doctor” means any medical doctor (M.D.) or where required by law any other medical practitioner in respect to services performed within the scope of his or her license. These services must be covered by the terms of this contract. The doctor must be other than a member of the Insured Person’s family.

Exclusions

Coverage under this insert does not apply to loss due to:

- (a) war or act of war (whether declared or undeclared); or
- (b) service in the armed forces of any country (any premium paid to us for any time not covered by this contract while the Insured Person is in such service will be given back on a pro rata basis); or
- (c) injuries sustained while taking part in any professional, semi-professional or interscholastic sports contest or while taking part in any practice or conditioning program of a preparatory nature for such contests; or
- (d) injury which is covered under any Workers' Compensation or Employers' Liability Law; or
- (e) injury sustained while operating, learning to operate or while serving as a member of a crew of any vehicle or device for aerial navigation; or
- (f) disease, or any bacterial infection (except pus forming infection which shall occur with or through an accidental cut or wound); or
- (g) taking part in a riot; or
- (h) the use of any drug, narcotic or an agent which is similarly classed or has similar effects unless it is given by and while under the care and attendance of a doctor.

ACCIDENT MEDICAL EXPENSE INSURANCE

SCHEDULE

Class of <u>Insureds</u>	<u>Deductible</u>	One Loss <u>Limit of Payment</u>
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Benefit

Section A. We will pay up to \$500.00 of the covered expenses which:

- (a) are incurred by or on behalf of an Insured Person within 2 years from the date of an accident; and
- (b) are due to injuries sustained by the Insured Person in the said accident.

The amount of the covered expenses we will pay due to any one accident is limited to that portion which is in excess of the One Loss Deductible. The One Loss Deductible is that stated above for the Class to which the Insured Person belongs.

Limitation for Dental Expenses. Our payments for dental expenses shall be limited:

- (a) to the benefit provided in Section A;
- (b) to expenses for the care and treatment due to injury to sound natural teeth; and
- (c) to those expenses which are incurred within 1 year from the date of the accident.

Section B. We will also pay 80% of the total amount of the excess covered expenses which:

- (a) are incurred by or on behalf of the Insured Person within 2 years from the date of the accident; and
- (b) exceed the amount we paid under Section A above.

The excess covered expenses will not include:

- (a) an amount equal to the One Loss Deductible stated above for the Class to which such Insured Person belongs; and
- (b) any dental expenses.

The total amount payable by us for all covered expenses incurred by or on behalf of the Insured Person as the result of any one accident, including the amount payable under Section A above, shall not exceed the One Loss Limit of Payment. The One Loss Limit of Payment is that stated above for the Class to which the Insured Person belongs.

We will only pay the usual and reasonable fees that prevail in the area in which any covered expense is provided under the terms of this contract. All our payments are subject to the terms and limits of this contract.

Definitions

Where used in this insert:

“Covered Expenses” are charges for medical care or treatment by a doctor, for hospital confinement or for the professional care and services of a nurse.

“Doctor” means any medical doctor (M.D.) or, where required by law, any other medical practitioner in respect to services performed within the scope of his or her license. These services must be covered by the terms of this contract. The doctor must be other than a member of the Insured Person’s family.

“Nurse” means a registered nurse (R.N.) who is:

- (a) not a member of the Insured Person’s family; and
- (b) licensed to practice by the state in which he or she is performing the service.

“Hospital” means an institution which:

- (a) is operated pursuant to law;
- (b) is primarily and continuously engaged in providing either on its own premises or in facilities available to it on a pre-arranged basis and under the supervision of a staff of doctors, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; and
- (c) provides 24 hour nursing service by or under the supervision of registered graduate professional nurses (R.N.’s).

The term “hospital” shall not include:

- (a) convalescent homes, or rest, or nursing facilities; or
- (b) facilities primarily affording custodial , educational or rehabilitory care; or
- (c) facilities for the aged, drug addicts or alcoholics; or
- (d) any military or veterans hospital or soldiers home or any hospital contracted for or operated by a national government or agency thereof for the treatment of members or ex-members of the Armed Forces, except for services rendered on an emergency basis where a legal liability exists for charges made to the Insured Person for such services.

“Injury” means bodily injury caused by an accident. The accident must occur on or after the effective date of the Insured Persons’ coverage under the contract and while it remains in force. Loss must result therefrom directly and separately of any other causes.

“Riot” means all forms of violence, disorder, or disturbance of the public peace by three or more persons assembled together. It does not matter whether they are acting within a common intent or that damage to person or property or unlawful acts is the intent or result of their action.

“Taking part in a riot” means promoting, inciting, conspiring to promote or incite, aiding, abetting or all forms of taking part in a riot. It shall not include action taken in defense of the Insured Person, if such actions are not taken against persons seeking to maintain or restore law and order.

Exclusions

Coverage under this insert does not apply to loss due to:

- (a) war or any act of war (whether declared or undeclared); or

- (b) service in the armed forces of any country (any premium paid to us for any time not covered by this contract while the Insured Person is in such service will be given back on a pro rata basis); or
- (c) injuries sustained while taking part in any professional, semi-professional or interscholastic sports contest or while taking part in any practice or conditioning program of a preparatory nature for such contests; or
- (d) injury which is covered under any Workers' Compensation or Employers' Liability Law; or
- (e) injury sustained while operating, learning to operate or while service as a member of a crew of any vehicle or device for aerial navigation; or
- (f) disease, or any bacterial infection (except pus forming infection which shall occur with or through an accidental cut or would); or
- (g) abdominal or inguinal hernia; nor for
- (h) expenses incurred for dental treatment (except treatment for injury to sound natural teeth, to the extent stated above); or
- (i) taking part in a riot; or
- (j) the use of any drug, narcotic or an agent which is similarly classed or has similar effects unless it is given by and while under the care and attendance of a doctor; or
- (k) prescription for, or repair or replacement of eyeglasses or contact lenses.

ACCIDENT MEDICAL EXPENSE INSURANCE

SCHEDULE

Class of <u>Insureds</u>	<u>Deductible</u>	One Loss	<u>Limit of Payment</u>
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Benefit

We will pay _____ % of the covered expenses which:

- (a) are incurred by on or behalf of an Insured Person within 2 years from the date of an accident; and
- (b) are due to injuries sustained by the Insured Person in the said accident.

The amount of the covered expenses we will pay for injuries incurred in any one accident is limited to the portion which:

- (a) is in excess of the One Loss Deductible; and
- (b) is less than the One Loss Limit of Payment.

The One Loss Deductible and the One Loss Limit of Payment are those in effect for the Class to which the Insured Person belongs. We will pay only the usual and reasonable fees that prevail in the area in which any covered expense is provided under the terms of this contract. All of our payments are subject to the terms and limits of this contract.

Limitation

Dental Expense: We will pay for only such dental expenses which:

- (a) are incurred within 1 year from the date of the accident; and
- (b) are for the care or treatment due to injury to sound natural teeth.

Definitions

Wherever used in this insert:

“Covered Expenses” are charges for medical care for treatment by a doctor, for hospital confinement or for the professional care and services of a nurse.

“Doctor” means any medical doctor (M.D.) or, where required by law, any other medical practitioner in respect to services performed within the scope of his or her license. These services must be covered by the terms of this contract. The doctor must be other than a member of the Insured Person’s family.

“Nurse” means a registered nurse (R.N.) who is:

- (1) not a member of the Insured Person’s family; and
- (2) licensed to practice by the state in which he or she is performing the service.

“Hospital” means an institution which:

- (a) is operated pursuant to law;
- (b) is primarily and continuously engaged in providing either on its own premises or in facilities available to it on a pre-arranged basis and under the supervision of a staff of doctors, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made and
- (c) provides 24 hour nursing service by or under the supervision of registered graduate professional nurses (R.N.’s)

The term “hospital” shall not include:

- (a) convalescent homes, or rest, or nursing facilities; or
- (b) facilities primarily affording custodial, educational or rehabilitary care; or
- (c) facilities for the aged, drug addicts or alcoholics; or
- (d) any military or veterans hospital or soldiers home or any hospital contracted for or operated by a national government or agency thereof for the treatment of members or ex-members of the Armed Forces, except for services rendered on an emergency basis where a legal liability exists for charges made to the Insured Person for such services.

“Injury” means bodily injury caused by an accident. The accident must occur on or after the effective date of the Insured Person’s coverage under the contract and while it remains in force. Loss must result therefrom directly and separately of any other causes.

“Riot” means all forms of violence, disorder, or disturbance of the public peace by three or more persons assembled together. It does not matter whether they are acting with a common intent or that damage to person or property or unlawful acts is the intent or result of their action.

“Taking part in a riot” means promoting, inciting, conspiring to promote or incite, aiding, abetting or all forms of taking part in a riot. It shall not include action taken in defense of the Insured Person, if such actions are not taken against persons seeking to maintain or restore law and order.

Exclusions

Coverage under this insert does not apply to loss due to:

- (a) war or any act of war (whether declared or undeclared); or
- (b) service in the armed forces of any country (any premium paid to us for any time not covered by the contract while the Insured Person is in such service will be given back on a pro rata basis); or
- (c) injuries sustained while taking part in any professional, semi-professional or interscholastic sports contest or while taking part in any practice or conditioning program of a preparatory nature for such contests; or
- (d) injury which is covered under any Workers’ Compensation or Employers’ Liability Law; or

- (e) injury sustained while operation, learning to operate or while serving as a member of a crew of any vehicle device for aerial navigation; or
- (f) disease, or any bacterial infection (except pus forming infection which shall occur with or through an accidental cut or wound); or
- (g) abdominal or inguinal hernia; nor for
- (h) expenses for dental treatment (except for injury to sound natural teeth, to the extent stated above); or
- (i) taking part in a riot; or
- (j) the use of any drug, narcotic or an agent which is similarly classed or has similar effects unless it is given by and while under the care and attendance of a doctor; or
- (k) prescription for, or repair or replacement of eyeglasses or contact lenses.

EXTENDED BENEFITS RIDER

(Sports Injuries)

It is agreed that exclusion (c) in insert _____ is eliminated.

The following exclusion is substituted in lieu thereof:

- (c) injuries sustained while taking part in any professional or semi-professional sports contest or while taking part in any practice or conditioning program of a preparatory nature for such contest; or

The insurance provided by this contract shall apply to the sports set forth in the following Schedule that are played under programs conducted, promoted or supervised by you.

SCHEDULE

This contract is hereby amended as herein stated but not otherwise.

The effective date of this rider is _____

This rider is attached and made a part of Contract No. _____ issued to

[NAME OF ISSUING COMPANY]

SERFF Tracking Number:	CLTR-127747790	State:	Arkansas
Filing Company:	Atlantic Specialty Insurance Company	State Tracking Number:	50091
Company Tracking Number:	C5696-1 AR F		
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	Blanket Insurance		
Project Name/Number:	/C56961-1		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	11/28/2011
Comments: The forms are as approved. Only difference is company name.		
Attachment: FLESCH CERTIFICATION.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	11/28/2011
Comments: attached to forms filing		

	Item Status:	Status
		Date:
Satisfied - Item: Legal Letter	Approved-Closed	11/28/2011
Comments:		
Attachment: AR Letter_Dewar.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: authorization to file	Approved-Closed	11/28/2011
Comments:		
Attachment: Third Party Authorization Letter.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Arkansas Notice	Approved-Closed	11/28/2011
Comments:		

<i>SERFF Tracking Number:</i>	<i>CLTR-127747790</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Atlantic Specialty Insurance Company</i>	<i>State Tracking Number:</i>	<i>50091</i>
<i>Company Tracking Number:</i>	<i>C5696-1 AR F</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Blanket Insurance</i>		
<i>Project Name/Number:</i>	<i>/C56961-1</i>		

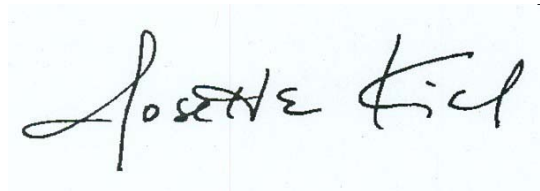
Attachment:

ARKANSAS NOTICE.PDF

FLESCH CERTIFICATION

I, Josette Kiel, Chief Underwriting Officer, for Atlantic Specialty Insurance Company, certify that the forms listed below satisfy the standards of life and health insurance policy language simplification legislation. These forms were scored in their entirety.

Form Number	Title	Flesch Score
C56961-1	Blanket Insurance Policy	63.25
C56962-1	Blanket Insurance Certificate of Insurance	64.79
C56964	Accidental Loss of Life, Dismemberment and Loss of Sight Schedule Insert	55.89
C56965-1	Accident Medical Expense Insurance Schedule Insert (%)	50.37
C56966-1	Accident Medical Expense Insurance Schedule Insert (first \$500)	50.77
C56971	Extended Benefits Rider – Sports Injuries	48.39

A handwritten signature in black ink on a light blue background. The signature is cursive and reads "Josette Kiel".

Signature: _____

Josette Kiel
Chief Underwriting Officer

Arkansas Insurance Department

Mike Beebe
Governor



Jay Bradford
Commissioner

August 25, 2011

Via Electronic Mail to bwrich@onebeacon.com and U.S. Mail

Bradford W. Rich
Senior VP and General Counsel
OneBeacon Insurance Group
150 Royall Street
Canton, MA 02021-1030

RE: Transition of Business to Atlantic Specialty Insurance Company

Dear Mr. Rich:

The Department has reviewed the transition of business as outlined in your letter to Commissioner Bradford dated August 12, 2011. Additionally, I have had both verbal and electronic mail correspondence with your colleague, Ms. Marie A. Piccoli, further explaining the planned transition and providing additional detail. After review by the relevant divisions of the Department, the Department has no objection to a name change on previously approved form filings. Your request for approval for Atlantic Specialty to use your forms and rates that are approved currently in Arkansas is granted.

Sincerely yours,

Amanda Capps Rose
Associate Counsel
(501) 371-2820

cc: Ms. Marie A. Piccoli (via e-mail)
Bill Lacy (via e-mail)
Charter/Correspondence



150 Royall Street
Canton, MA 02021
onebeacon.com

Date: September 27, 2011

To: State Insurance Departments

From: Josette Kiel

Subject: Filing Authority for Coulter and Associates, Inc.

I, Josette Kiel, an officer of Atlantic Specialty Insurance Company, have authorized Coulter and Associates, Inc., acting as our Contract Consultants, to file products and correspond with your Department on our behalf.

This Authorization is effective until September 27, 2012.

A handwritten signature in black ink, appearing to read "Josette Kiel", is written above a horizontal line.

Officer Signature

Chief Underwriting Officer

Title



OneBeacon Insurance Group
150 Royall Street
Canton, MA 02021-1030
bwrich@onebeacon.com

Bradford W. Rich
Senior Vice President
General Counsel

August 12, 2011

Commissioner Jay Bradford
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: OneBeacon Insurance Group's Transition of Business to Atlantic Specialty Insurance Company

Dear Commissioner Bradford:

I am writing to inform you of OneBeacon Insurance Group's ("OneBeacon") planned transition of business to our affiliated underwriting company, Atlantic Specialty Insurance Company ("Atlantic Specialty"), and to provide you with our rationale as well as the steps we are taking to ensure a seamless transition to Atlantic Specialty without disruption to our policyholders. I am also writing to respectfully ask for your Department's assistance as we move through this transition period.

As you may know, OneBeacon's strategy is to transform the company into a Specialty insurer. This was the rationale for the sale of our non-Specialty commercial lines and personal lines businesses in December 2009 and July 2010, respectively. These sales strengthened the capital position of OneBeacon, and our improved position led Moody's Investors Service in a June 2011 announcement to affirm OneBeacon's financial strength ratings and improve OneBeacon's outlook to stable. Moody's additionally stated that OneBeacon's strengths following the transactions include "the group's [strong] strategic focus and expertise, an improved risk profile from a profitability perspective as well as a significantly reduced financial leverage."

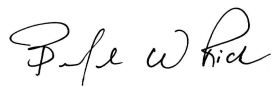
As part of our continuing evolution, we are consolidating our underwriting companies to simplify our organizational structure, reduce costs, and better serve our policyholders. As a result, Atlantic Specialty will become our lead admitted company, generating the need for a license expansion and/or approval of our forms and rates that are currently approved in affiliates of Atlantic Specialty. Our goal is to seamlessly transition admitted business currently written in our various affiliated underwriting companies to Atlantic Specialty, without disruption to our policyholders, as of December 31, 2011.

To meet this goal, we would like to have Atlantic Specialty begin quoting our forms and rates currently approved in Arkansas for affiliated companies. We understand that this is an ambitious plan and we are requesting your consideration of an approach whereby we submit listings of our currently approved filings, and any applicable filing fees, for approval to use the identical approved filings in Atlantic Specialty.

As additional background and information, over the next several months, OneBeacon also plans to reorganize its underwriting companies. As part of this reorganization, we will re-domesticate Atlantic Specialty to Pennsylvania, with a name change to OneBeacon Specialty Insurance Company, and we will establish a second admitted company, OBI National, for tiering and other purposes in some states. We also plan to re-domesticate our lead surplus lines insurer, Homeland Insurance Company of New York, to Pennsylvania and we will form a second surplus lines company, Homeland Insurance Company of Delaware. We recently reviewed our plans with Steve Johnson at the Pennsylvania Insurance Department and Gene Bienskie at the New York Insurance Department, and are working with them and their staff with regard to the necessary applications for company licensing and re-domestication.

We greatly appreciate your consideration of our request for assistance and wish to address any questions you may have regarding our planned transition and reorganization. As a result, a representative of OneBeacon will contact your office shortly to discuss our request for assistance in more detail.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bradford W. Rich".

Bradford W. Rich